



ROSE MCKINNEY & EVANS LLP



25267
PATENT TRADEMARK OFFICE

2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group: 3673 }
Atty. Docket: 8266-0685 }
Applicants: Weismiller et al. }
Invention: HOSPITAL BED }
Serial No.: 10/028,833 }
Filed: December 20, 2001 }
Examiner: Trettel, M }

Certificate Under 37 C.F.R. § 1.8(a)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

On May 21, 2003

Timothy E. Niednagel

Dated: May 21, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT
FAX RECEIVED
MAY 29 2003
GROUP 3600

RECEIVED
MAY 28 2003
TECHNOLOGY CENTER R3700

Dear Sir:

Applicants respectfully submit the following response to the Office Action mailed February 21, 2003. Amendments are submitted in accordance with the revised format now permitted pursuant to the Office of Patent Legal Administration Pre-OG Notice dated January 31, 2003.

05/23/2003 WABDELRI 00000107 023223 10028833
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COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

MAY 29 2003

GROUP 3600

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	33	33	0	\$18	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	8	3	5	\$84	\$420
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$420
TOTAL FEE FOR ADDITIONAL CLAIMS					\$420

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

**If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for _____ month(s) is hereby requested under
 37 C.F.R. 1.136(a). The required fee for filing this extension is: _____

Information Disclosure Statement _____

TOTAL FEE FOR THIS AMENDMENT

\$420

A check in the amount to \$ _____ cover the total fee for this
 amendment is attached.

The Commissioner is hereby authorized to charge the filing fee of \$420.00 and any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

 Attorney of Record
 Printed Name: Timothy E. Niednagel
 Registration No.: 33,266